Emergency Medical Services Advisory Committee IDAPA 16.02.03.100

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS Act"

## **Meeting Dates**

EMSAC, June 26, 2003 EMSAC, Sept. 25, 2003 EMSAC, Dec. 11, 2003

Ameritel Inns, 7499 W. Overland, Boise, ID

Call your regional EMS office for Information

Volume 10, Issue 13 June, 2003

## **EMS Guidelines**

hen the Emergency Medical Technician-Basic 1994 National Standard Curriculum was adopted in Idaho in 1994, companion protocols were created for several of the new skills and medications. These included protocols for Activated Charcoal, Automated External Defibrillator, Epinephrine Auto Injector, Nitroglycerin, Oral Glucose, Pneumatic Anti-Shock Garment, Prescribed Inhaler and Syrup of Ipecac. These protocols were designed specifically for Basic Life Support (BLS) agencies without medical directors. They have not been updated since then.

In the fall of 2002, the Education and EMS for Children (EMSC) Sub-Committees began assisting in the revision of the original protocols. The first decision made was to no longer call them protocols, but call them guidelines and ensure BLS Emergency Medical Service (EMS) agencies understand their intended use.

A preface has been written explaining the following concepts: The EMTs are responsible for their own actions within their scope of practice. On-line medical direction can and is expected to override these guidelines, within the EMT's scope of practice, at any time the patient's short or long term interest is best served. On-line medical direc-

tion should have access to these guidelines and may provide more appropriate treatment instructions with individual patient circumstance and transport times being considered.

As well as the original protocols being revised, the EMSC Sub-Committee has created many new additional pediatric guidelines. Other general patient care issues have also been addressed and included, such as Oral & Nasal Airway Placement, Eye Irrigation, Apparent Death & Medical Professional on Scene.

An educational program for the introduction of these guidelines is being developed and distribution is expected to occur this summer.

# Emergency Medical Services Advisory Committee (EMSAC) Membership Task Force Progress

he Membership Task Force identified the need for a policy manual to be developed to assist new members in understanding their roles and responsibilities. The following section of the emerging Policy Manual provides information regarding each sub-committee purpose and member participation policy. The completed Policy Manual will be given to each new EMSAC member at his or her first EMSAC Meeting.

The EMSAC Sub-Committees listed below meet as needed at quarterly EM-SAC meetings in Boise, typically meeting the day, evening or morning before the full EMSAC session.

New EMSAC members are expected

to join at least 2 sub-committees in areas of interest and/or expertise and remain involved for at least 1 year. Optimum sub-committee size will be a minimum of 5 members and a maximum of 9 members.

Sub-committee meetings may be either open or closed. Any EMSAC member or the public may attend open meetings. Closed meetings are limited to the current sub-committee members and appropriate Bureau staff.

To join a sub-committee, make your intention known to the associated Bureau representative of that sub-committee either verbally or in writing. The Bureau representative will then

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seek their appointment by the EMSAC Chair.

A chairperson will be recognized for each sub-committee and task force. The chairperson may volunteer or be selected by the sub-committee. The chairperson is expected to give the sub-committee report in the full EMSAC session and assist the Bureau representative in planning the EMSAC agenda.

## Air Medical

Open Meeting

Bureau Rep = Doug Carrell
Duties of the Air Medical SubCommittee:

Review and make recommendations regarding licensing of Air Medical agencies.

Review problematic issues affecting Air Medical agencies and make recommendations on how to solve the issues.

The sub-committee meets quarterly at the EMSAC meetings as needed.

## **Disciplinary**

**Closed Meeting** 

Bureau Rep = Bruce Cheeseman Duties of the Disciplinary Sub-Committee:

Review and make recommendations regarding provider and agency disciplinary and investigative action.

Review policies and procedures and make recommendations on the level of action to be taken when an agency or provider investigation has been completed.

This sub-committee meets at the quarterly EMSAC meetings on an as needed basis.

#### **Education**

Open Meeting

Bureau Rep = Tawni Newton Duties of the Education Sub-Committee:

Develop recommendations to the EMS Bureau regarding EMS training programs in Idaho.

Assist with revision of EMS guidelines (protocols).

Determine EMS levels of certification for Idaho.

Evaluate non-standard course requests and pilot projects.

This sub-committee meets in conjunction with the quarterly EMSAC meetings.

## **Grant**

Open Meeting

Bureau Rep = Tawni Newton Duties of the Grant Sub-Committee:

Assist in developing grant applications, determine grant eligibility, evaluate grant applications and recommend award policy.

This sub-committee meets at the quarterly EMSAC meetings on an as needed basis and also meets at a minimum of at least 2 times outside of the regularly scheduled EMSAC quarterly meetings, usually in June and July.

#### **Licensure**

**Closed Meeting** 

Bureau Rep = Bruce Cheeseman Duties of the Licensure Sub-Committee:

Review and recommendation of licensure for agencies in Idaho and surrounding states that provide EMS to patients in Idaho.

The Licensure Sub-Committee also makes recommendations for approval/rejection of agency license upgrades/downgrades.

This sub-committee meets at the quarterly EMSAC meetings on an as needed basis.

## **Medical Direction**

Open Meeting

Bureau Rep = Mary Sheridan Duties of the Medical Direction Sub-Committee:

Evaluation of the current medical direction system (on/off line).

Recommend realistic cost effective improvements to EMSAC.

Serve as a resource to EMSAC regarding medical direction issues.

## Trauma Registry Advisory Committee

Open Meeting

Bureau Rep = Kay Chicoine Duties of the Trauma Registry Advisory Committee:

Advise the EMS Bureau in the design and development of an Idaho Trauma Registry.

Assure the trauma registry conforms to the criteria identified in Title 57, Chapter 20 of Idaho Code.

## **Emergency Medical Services for Children**

Open Meeting

Bureau Rep = Kay Chicoine Duties of the Emergency Medical Services for Children Task Force:

Provide technical expertise in pediatric medical care.

Provide educational resources to pre-hospital EMS providers.

Advise and guide the EMSC Project activities.

## EMSAC Task Force and Ad Hoc Members

EMSAC may assign a specific project to a task force of subject matter experts, which may include EMSAC members and other ad hoc participants. The duration of a specific task force depends on the type of project assigned. Task force groups may accomplish their tasks by using e-mail or teleconference or may meet formally in association with EMSAC or at other times as needed. Task force members may be specifically assigned by the chairperson, or may be a dynamic group of participants as the project evolves. The chairperson determines size of a task force.

### **Membership Task Force**

Duties of the Membership Task Force currently include:

Annual evaluation of the seats on EMSAC.

Policy manual development.

## EMT-Intermediate Task Force

Duties of the EMT-Intermediate Task Force currently include:

Assess and determine the extent to which the EMT-I 99 National Standard Curriculum should be implemented in Idaho.

Assess and determine the extent to which the EMT-I 85 National Standard Curriculum should be modified with Idaho specific enhancements.

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## **EMSAC Sub-Committee Reports**

## **Highlights**

<u>Members:</u> Merrill Cornelius retired and moved and is no longer filling the EMT-B position. Steve Bastian completed a 3 year term as Advanced EMT-A representative.

<u>Issues before the Board of Medicine:</u> Recommendation—form a task force to determine recommended policy for Medical Direction.

## **Sub-Committee Reports**

## AIR MEDICAL

Recommended elements of pre-hospital Air Medical Dispatch Protocol approved for distribution to EMS agencies, dispatch centers, medical directors and ER's.

#### **EMT-I TASK FORCE**

Compared other state programs that have an EMS level somewhere between the I-85 and I-99. Three state programs were identified for further consideration at the June EMSAC meeting. These will be closely compared to the needs defined by survey as the elements necessary for a new Idaho EMT-I level.

### **EMSC**

Dr. Christensen reported that Idaho seat belt use is less than national average and Idaho has a higher car crash mortality rate. He suggested defining an ideal seat belt law to pass on to legislative representatives.

Pediatric Guidelines are completed.

## **GRANTS**

Rural Access to Emergency Devices Grant AED award packets for each eligible Idaho County and competitive applications to EMS agencies and hospitals have been created for distribution.

Training Grant Funds have not yet been approved for the upcoming Fiscal Year of 2004. This will result in a later than usual grant cycle if there is money to award this year.

Federal Fire Act Grants, Homeland Security and HRSA Bioterrorism grant sources were discussed.

### **LICENSURE**

AEMT-A Expanded Scope of Practice Pilot Project request received from Teton & Fremont County Medical Director was discussed. Concerns about developing evaluation tools, intent of long-term plan and willingness to change to a new statewide accepted EMT-I level were also discussed.

### TRAUMA REGISTRY

Will be bringing EMSAC regular reports as the Trauma Registry System is implemented in Idaho.

## **DISCIPLINARY**

Recommendation made to have committee chair write a letter to Administrator of the Division of Health regarding service concerns with the Criminal History Unit.

## **New HIPAA Materials Available**

NEDARC has recently expanded its website information on HIPAA. New information is available on the following topics:

- 1. What is a Covered Entity?
- 2. HIPAA and the EMS System
- 3. HIPAA and state EMS Data Collection Efforts
- 4. HIPAA and Research
- 5. Business Associates

You can find this information on their website at http://www.nedarc.org/HIPAA/HIPAA\_info.htm. Please feel free to contact Michael Ely at NEDARC (801-585-9761 or michael.ely@hsc.utah.edu) with any questions about HIPAA.

In compliance with Idaho Department of Health and Welfare policy, the Idaho EMS Bureau will not be auditing or enforcing EMS provider's compliance with HIPAA Privacy. The Bureau is not able to provide guidance, education or counsel about HIPAA, but we are able to provide web sites where you may find help with your questions or concerns about HIPAA compliance. These websites are:

http://aspe.hhs.gov/admnsimp/

http://www.the-aaa.org/search/search.asp

http://www.hhs.gov/ocr/hipaa/privacy.html

http://www.pwwemslaw.com/

## Emergency Medical Services

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Idaho Medical Association